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APPLICANTS

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** CONTINUING DATA ***** *JM*
 This application is a CON of 09/905,517 07/13/2001 PAT 6,706,594

** FOREIGN APPLICATIONS ***** *JM*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY ID	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Sonjae M. Thomas JM</i>	Allowance Initials		6	6	4

ADDRESS

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TITLE

Optimized flash memory cell

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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